

**Dan Bernal**  
President

**Laurie Green, M.D.**  
Vice President

**Edward A. Chow, M.D.**  
Commissioner

**Susan Belinda Christian, J.D.**  
Commissioner

**Cecilia Chung**  
Commissioner

**Suzanne Giraudo ED.D**  
Commissioner

**Tessie M. Guillermo**  
Commissioner

**HEALTH COMMISSION  
CITY AND COUNTY OF SAN  
FRANCISCO**

**London N. Breed Mayor**  
**Department of Public Health**



**Grant Colfax, MD**  
Director of Health

**Mark Morewitz, M.S.W.**  
Executive Secretary

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**MINUTES**

**HEALTH COMMISSION MEETING**

**Tuesday January 3, 2023 4:00 p.m.**

**Remote Meeting via Webex Event**

**1) CALL TO ORDER**

Present:

Commissioner Laurie Green, MD, Vice President  
Commissioner Edward A. Chow M.D.  
Commissioner Cecilia Chung  
Commissioner Suzanne Giraudo, Ph.D  
Commissioner Tessie Guillermo

**Excused:**

Commissioner Dan Bernal President  
Commissioner Susan Belinda Christian, J.D.

The meeting was called to order at 4:03 pm.

**2) GENERAL PUBLIC COMMENT**

Patrick Monette Shaw made verbal comments and submitted the following summary:

Costs of five contracts to rescue LHH across three consultants now total \$26.7 million. That's not counting potentially \$100 million in lost Medi-Cal funding due to the DPNA. The five contracts include HMA's initial contract and first amendment (and probably an upcoming second amendment), Tyrfacta's contract, HSAG's first contract and amendment, the HSAG contract to be LHH's Quality Improvement Expert (QIE), and now HSAG's second contract. The \$17.3 million awarded to HSAG to date includes a price increases totaling \$1 million in hourly billing rates up to 23% higher than rates HSAG had used last June, with some of the fees reaching \$485 per hour. Of interest, during your November 1 Finance Committee meeting, Mr. Sanga didn't tell Commissioner Chow HSAG's new second contract was coming before this Commission today. The Board of Supervisors Budget and Legislative Analyst was told LHH hoped to gain recertification by December 2022.

Robert Reinhard, San Francisco Black and Jewish Unity Coalition member, stated that the group is finalizing their recommendations of their Health committee which includes mental health and substance issues, training of health professionals, staffing, and wellness programs. The group urges a presentation of these recommendations at a future Health Commission meeting.

Michael Lyons, Gray Panthers, asked why is the Health Commission doing its business in secret closed meetings. He asked for an update on the closure plan and status of CMS-related discharge/transfers.

### **3) APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF DECEMBER 20, 2022.**

#### **Public Comment:**

Patrick Monette Shaw made verbal comments and submitted the following summary:

Regarding the Commission's December 20 meeting minutes, although I testified during the 12/20 meeting's Public Comment period and submitted 150-word testimony that Mr. Morewitz has included in the published minutes, I didn't have time or room in written testimony to mention that HSAG's June contract through 12/31/22 reported it would devote 3,642 hours at \$400 per hour for a total of \$1,468,800 filling the Nursing Home Administrator (NHA) and Assistant Nursing Home Administrator (ANHA) positions using HSAG staff. HSAG's new contract through 12/31/23 adds another 3,696 hours at up to \$485 per hour for a cost of another \$1,706,30 for the NHA and ANHA positions. Across the two contracts, the two NHA positions involves 7,368 hours totaling \$3,175,120. That equals 3.61 FTE's over an 18-month period. This Commission should require LHH expedite conducting a nationwide search and rapidly hire NHA's to save significant money by filling these two positions immediately.

Action Taken: The Health Commission unanimously approved the December 21, 2021 meeting minutes.

### **4) DIRECTOR'S REPORT**

Grant Colfax MD, DPH, Director of Health, presented the item.

#### **SAN FRANCISCO AWARDED \$33.7 MILLION GRANT TO FUND NEW ADOLESCENT PSYCHIATRIC TREATMENT FACILITIES**

Mayor London N. Breed announced a \$33.7 million state grant awarded to DPH to build new inpatient and outpatient psychiatric facilities for youth at ZSFG, which will include a 12-bed psychiatric inpatient program and a 24-slot intensive behavioral health outpatient program.

The grant awarded by the California Department of Health Care Services (DHCS) will address the urgent regional need for more inpatient and outpatient treatment options for adolescents who are uninsured or on Medi-Cal, with capabilities to serve a minimum of 450 people in its inpatient unit and at least 900 intensive outpatient treatment clients annually.

DPH Behavioral Health Services will use the funding to renovate, remodel and bring to code two large and currently unused spaces at ZSFG, the city's public hospital and only Level 1 trauma center serving San Francisco and northern San Mateo County.

The 12-bed inpatient adolescent psychiatric hospital will operate on the seventh floor of ZSFG. The sixth floor will expand current outpatient services delivered by UCSF to include an intensive behavioral health outpatient and partial hospitalization program capable of treating as many as 24 young people at a time.

San Francisco has a robust network of behavioral health services to meet the needs of children, youth, and families. Currently, DPH works with private hospitals across the Bay Area and northern California for the inpatient placement of youth experiencing mental health crisis. By building our own county-run unit in collaboration with UCSF at ZSFGH, the City has the ability to make placement decisions to ensure all adolescents have access to this critical service close to home and supported by their families. The expansion of current outpatient services at ZSFG to include intensive outpatient treatment and partial hospital program, will allow San Francisco to create a crisis continuum for youth and families.

The units will be fully funded by DPH and managed in collaboration with the University of California San Francisco (UCSF) Department of Psychiatry and Behavioral Services, with which ZSFG maintains a longstanding partnership. A timeline estimating when construction will begin, and when the programs will launch, will be determined in early 2023.

San Francisco was one of 54 awardees this year under the DHCS grant program to support new or expanded behavioral health facilities for youth.

**ZSFG ALL STAFF EMAIL MESSAGE RE: WINTER SURGE AT ZSFG CONTINUES**

*Sent: December 19, 2022*

*From: Hospital CEO, Dr. Susan Ehrlich*

I want to update everyone on our interventions and response as the winter surge continues.

We remain very busy with a high census, in part, due to an early and aggressive flu season, RSV, and increasing Covid cases. This is on top of our regular volume of patients who need us and difficulty in finding lower levels of care for patients who can be discharged. This adds up to very busy and challenging days for all of us.

We are not alone. Hospitals throughout the city, the region, the state, and the nation are facing similar challenges.

We are working every day on an hour-to-hour basis to manage and address this very high census knowing that we will likely be busy well into the new year.

Our interventions are having an impact and that's because we are all working on this as a team.

Even with record-breaking volume, we have prioritized the health and safety of our patients, while taking actions to also support staff. Here's what we are doing and how we are doing:

- H58, our surge med-surg unit, has been open with 12 or 15 patients, its full capacity.
- H48, our surge ICU unit, has been open frequently to ensure all patients who need ICU care can get it quickly.
- The PACU has been keeping more patients following surgery, and we have plans to expand its use further should the ICUs run out of space.
- We are hiring nurses, using registry staff, and have added two additional inpatient teams in order to keep our patients safe and to ensure we meet state-mandated nursing ratios.
- We are currently limiting elective come-and-stay surgeries/procedures and are evaluating closely to see if we need to limit them further.
- Inpatient teams are planning discharges earlier with a goal to discharge patients by 2 p.m. when possible.
- 4A is accepting patients by 3pm, and as quickly as possible.
- We issued new guidance last week about limiting holiday gatherings with shared food in order to limit the spread of respiratory viruses among our staff and are continually reviewing our guidance about masking and gathering. The hospital flow committee, which consists of leaders from all ZSFG operational areas, meets weekly to review data, discuss countermeasures and problem solve current flow challenges.
- We are working with the SF Health Network and DPH to increase capacity of discharge resources. For example, this week the SFHN expanded availability of respite beds to accommodate our patients.
- We have a dedicated ZSFG lower level of care team helping discharge our most complicated patients, and we include our colleagues from Behavioral Health Services in order to ensure our patients have timely access to all available resources

- We are working closely with our local regulatory agency, the Emergency Medical Services Agency, to balance meeting our mandate to keep the Emergency Department open and available to all patients, while managing critical volumes in the ED and the hospital overall.

Please do your part, the tips to stay healthy are ones we know well, but bear repeating:

- Get your flu shot;
- Get your Covid booster;
- Clean your hands often;
- Always wear your mask while on the ZSFG campus – be sure your mouth and nose are covered;
- Do not come to work when you are ill and report to Occupational Health Services if you believe you have symptoms consistent with Covid, even if they are mild, or have had a high-risk exposure; and

I am amazed by and grateful for the teamwork I see every day here at ZSFG. The compassion you are showing your coworkers and our patients is exactly how we will get through this together.

### **HOLIDAY SOCIAL MEDIA CAMPAIGN ON PREVENTING DRUG OVERDOSES**

To promote safe New Year's Eve celebrations, DPH staff developed and published a social media campaign on mindful drinking and preventing accidental drug overdoses.

DPH's campaign on Twitter and Facebook aimed to raise public awareness of the dangers of fentanyl and how the deadly opioid has been found in cocaine and other drugs. The social media posts educated the public on how to access lifesaving tools such as fentanyl test strips and naloxone, the overdose-reversing medication.

In addition, the campaign included tips on mindful drinking, such as keeping track of how much and how often you consume alcoholic beverages and ensuring that you are not mixing alcohol with other substances and pointed people to [resources](#) on the topic.

The social media posts promoted key DPH resources, such as the City's Overdose Prevention Plan and a health alert on overdoses caused by fentanyl found in cocaine. View the social media campaign at [https://twitter.com/sf\\_dph](https://twitter.com/sf_dph) and <https://www.facebook.com/sfpublichealth/>.

### **MPX UPDATE**

LOCATION	TOTAL CASES AS OF 12/20/22 (probable and confirmed)
San Francisco	841
California	5,670
U.S.	29,792
Worldwide	83,539

### **COVID-19 UPDATE**

As of December 21:

- San Francisco's 7-day rolling average of new COVID cases per day is 175 and 107 people are hospitalized, including 14 in the ICU.
- Eighty-six percent of all SF residents have been vaccinated and 64% have received booster dose(s).

### **[DPH in the News](#)**

Public Comment:

Melanie Grossman, President of the Older Women's League, and retired social worker, noted that LHH patients include older women. This population will be impacted by any reduction in LHH beds and forced discharges through the closure plan. She requested an update on both of these issues. She noted there is a shortage of skilled nursing beds in San Francisco.

Norman Fegelman urge Commissioners to fund LHH and keep it open.

Patrick Monette Shaw made verbal comments and submitted the following summary:

Dr. Colfax's Director's Report included a single slide he called an organization chart. It belatedly shows a Johnny-come-lately overdue structure of strategies to obtain LHH's CMS recertification. It should have been developed nine months ago! Admissions to LHH stopped 1/14/22, fully a year ago. During the past year, patients who need admission to a skilled nursing facility (SNF) have had trouble being admitted to a SNF in San Francisco, and have faced out-of-county discharge to SNF's far from their families, friends, and medical and social support networks. LHH's acting CEO, Roland Pickens, told this Health Commission last summer LHH would apply for CMS recertification by August or September, and hoped to regain certification by November or December. But the last we heard, the second Mock Survey HSAG was hired to perform by August hasn't been conducted yet. Why hasn't it been held? Has LHH applied for, and been granted, recertification?

Dr. Teresa Palmer is grateful that great efforts were being made over the holidays. She asked if the resumption of forced discharges is going to start in February. She asked for an update on the Root Cause Analysis and the bed reduction. She noted that the situation is a nightmare due to a lack of communication and lack of transparency by the DPH. She asked if LHH is interacting the DPH Behavioral Health Services to ensure substance users and those patients with mental health issues are best served and treated.

Art Persyko, Gray Panthers, said he does not like secrecy. He and the other Gray Panthers wants LHH to be there for them and the community. He added that all levels of government are responsible for this situation, but DPH and the Health Commissioners must stand up for what is needed to save LHH.

Commissioner Comments:

Commissioner Chow thanked Director Colfax for presenting the LHH workflow organizational chart. He is pleased to see there is an infrastructure in place to address all the complex processes underway. He asked how the end of the state COVID-19 emergency declaration may impact the DPH, and San Francisco. Dr. Susan Philip, San Francisco Health Officer, stated that she is working with other Bay Area Health Officers, as they wait to hear clarification from the state, on impacts to existing health orders which allow for efficiencies in contracting and uses of funds from the federal government. She expects that local health orders regarding isolation and quarantine processes will be impacted. She noted that the DPH will continue its COVID-19 work without the state's emergency order. Commissioner Chow asked for further updates to the Health Commission as more information is known.

Commissioner Green asked for information on the key dates for LHH to report to CMS. Director Colfax stated that the report on the implementation of the Action Plan is due on February 10<sup>th</sup>.

**5) DPH BEHAVIORAL HEALTH SERVICES UPDATE**

Hillary Kunins, MD, MPH, Director of BHS and Mental Health SF, presented the item.

Commissioner Comments:

Commissioner Guillermo thanked Dr. Kunins for the presentation. She noted that there are decades of research on the effectiveness of harm reduction and asked if there is research on San Francisco-specific harm reduction efforts. Dr. Kunins noted that there is an extremely low prevalence of HIV among IV drug users in San Francisco due to the City's early adoption to needle exchange. She added that San Francisco has increased the number of people receiving buprenorphine. Prior to the arrival of Fentanyl in the area, the early adoption of naloxone distribution was thought to delay increases in overdose deaths. The DPH Behavioral Health Services and Mental Health SF staff are working to implement an overdose prevention plan. Commissioner Guillermo stated that research studies showing the effective role harm reduction plans in successful outcomes could help public understand how it is woven into the department's overall strategies.

Commissioner Giraudo asked for more information regarding the implementation the new Medi-Cal contract for children and adolescents; she added that there are already too few behavioral health specialists serving this population. While she is glad to hear there is expanded funding for the Medi-Cal population, she is concerned about the impact on the wait for these services. Dr. Kunins stated that there is a dearth of services for this population so the added funding for kids without insurance is a good thing, but she understands there are not a lot of services providers in this area. As UCSF implements the program, she will update the Commission.

Commissioner Chow looks forward to further updates on progress made on Behavioral Health metrics.

Commissioner Chow asked for more information on the disparities that are not statistically significant, to help better understand the situation. Dr. Kunins stated that as the department continues to gather data and samples, it will better understand the challenges and opportunities associated with the situation.

Commissioner Green noted that the core metrics are terrific; she asked if some are "stretch goals." She asked if staffing may be a limiting factor in areas like intensive case management. Dr. Kunins stated that the team set forth ambitious overdose prevention goals. Goals addressing service wait-times are still being developed as relevant data is still being analyzed. Staffing will impact the pace for ramping up activities. BHS is undertaking a wage and staffing level analysis. Regarding the question of which populations successful access services, there is not yet capacity to full capture data. However, BHS will be looking at people accessing crisis-level services to better understand who ends up in routine care, which is the goal.

Commissioner Green asked where Narcan would fit in on the spectrum of harm reduction versus treatment. Dr. Kunins stated that she frames Narcan as a harm reduction intervention, helping people stay alive so we can encourage change of substance use.

**6) DPH ANNUAL REPORT OF GIFTS RECEIVED IN FY2021-22**

Drew Murrell, Deputy Financial Officer, presented the item.

Commissioner Comments:

Commissioner Green thanked Mr. Murrell for the report.

**7) RESOLUTION MAKING FINDINGS TO ALLOW TELECONFERENCED MEETINGS UNDER CALIFORNIA GOVERNMENT CODE SECTION 54953(e)**

Mark Morewitz, Health Commission Executive Secretary, presented the item.

Action Taken: The Health Commission unanimously approved the resolution. (See attachment)

## 8) FINANCE AND PLANNING COMMITTEE UPDATE

Commissioner Chung, chair, stated that the committee reviewed and recommended all of the items on the Consent Calendar. She noted that due to Commissioner Chow's conflict with Chinese Hospital, the associated contract listed on the January Contracts Report, was extracted by Committee vote, and voted on as a separate item, with Commissioner Chow abstaining from the vote on this contract.

### Public Comment:

Patrick Monette Shaw made verbal comments and submitted the following summary:

Regarding the *First Quarter Financials Report* (7/1 to 9/30/22) notes fully \$23.9 million — 86.6% — of LHH's \$27.6 million first quarter deficit was attributable to the Medi-Cal revenue shortfall caused by the Denial of Payment for New Admissions (DPNA). The remaining \$3.6 million of the \$27.6 million deficit appears to be unbudgeted non-labor expenses related to LHH's recertification. The Second Quarter (10/1 to 12/31/22) just ended and will probably have a similar revenue shortfall. New admissions to LHH stopped on 1/14/22, four quarters ago. This report notes LHH admissions probably won't resume before the end of Third Quarter (1/1/23 to 30/30/23). That suggests five quarters of lost Medi-Cal revenue, possibly over \$100 million. It should have been a priority of SFDPH and this Commission to get LHH re-certified before the end of December 2022, as first planned, so the DPNA would end, and admissions resume to protect this crucial funding stream.

### Commissioner Comments:

Commissioner Green stated that it is her understanding that Health Services Advisory Group, Inc. is the only west coast consultant certified by CMS on west coast to provide quality improvement work. Commissioner Chung confirmed that this is what the committee heard from staff during the meeting.

## 9) CONSENT CALENDAR

### Public Comment:

Patrick Monette Shaw made verbal comments and submitted the following summary:

Regarding *Consent Calendar Contracts*, the new \$7.7 million HSAG contract pushes total contracts HSAG has been awarded to \$17.3 million to date, including a price increase of \$1 million in hourly billing rates up to 23% higher than rates HSAG had used last June. As for the \$2.7 million HSAG QIE contract to produce the *Root Cause Analysis* report, did the RCA report include LHH CEO Roland Pickens' admission to this Commission last August LHH had been following the wrong regulatory guidelines by using California's Title 22 "*Acute Care Hospital Guidelines*," not using CMS' "*Skilled Nursing Facility Regulatory Guidelines*," thereby causing substantial noncompliance? If Pickens' admission wasn't included in the RCA report, then HSAG did a terrible job writing it, because following the wrong regulations was a substantial contributing factor. HSAG should have provided the RCA report to SFDPH. Members of the public deserve seeing the RCA; release it now!

Action Taken: The Health Commission unanimously voted to extract the Chinese Hospital Contract from the January 2023 Contracts Report, due to Commissioner Chow's conflict with the organization.

Action Taken: The Health Commission unanimously voted to approve the Consent Calendar items, excluding the Chinese Hospital Contract.

Action Taken: The Health Commission (Commissioners Green, Chung, Giraudo, and Guillermo) voted to approve the Chinese Hospital contract which was extracted from the January 2023 Contracts Report; Commissioner Chow abstained from this vote due to a conflict with the organization.

- **JANUARY 2023 CONTRACTS REPORT**
- **REQUEST FOR APPROVAL OF A NEW CONTRACT WITH HEALTH SERVICES ADVISORY GROUP, INC. TO PERFORM ADDITIONAL CONSULTING SERVICES THAT BUILD UPON PREVIOUSLY COMPLETED SERVICES AND ADDITIONAL PERFORMANCE IMPROVEMENT SERVICES IN SUPPORT OF THE LAGUNA HONDA RECERTIFICATION PROJECT THE TOTAL PROPOSED CONTRACT AMOUNT IS \$7,675,539 WHICH INCLUDES A 8% CONTINGENCY FOR THE TERM OF JANUARY 1, 2023 THROUGH DECEMBER 31, 2023 (12 MONTHS).**
- **REQUEST FOR APPROVAL OF A NEW CONTRACT WITH HEALTH SERVICES ADVISORY GROUP, INC. TO PERFORM SERVICES AS THE QUALITY IMPROVEMENT EXPERTS (QIE) IN SUPPORT OF THE LAGUNA HONDA RECERTIFICATION PROJECT THE TOTAL PROPOSED CONTRACT AMOUNT IS \$2,685,107 WHICH INCLUDES A 10% CONTINGENCY FOR THE TERM OF NOVEMBER 8, 2022 THROUGH DECEMBER 31, 2023 (14 MONTHS).**
- **REQUEST FOR APPROVAL OF A NEW CONTRACT WITH TRYFACTA TO PERFORM FOR TEMPORARY AS-NEEDED RADIOLOGY REGISTRY SERVICES IN SUPPORT OF THE DEPARTMENT’S ONGOING OPERATIONAL AND EMERGENCY RESPONSE NEEDS IN THE SAN FRANCISCO HEALTH NETWORK, ZUCKERBERG SAN FRANCISCO GENERAL HOSPITAL & TRAUMA CENTER (ZSFG), LAGUNA HONDA HOSPITAL (LHH) AND OTHER SAN FRANCISCO HEALTH NETWORK FACILITIES, THE TOTAL PROPOSED CONTRACT AMOUNT IS \$5,000,000 WHICH INCLUDES A 12% CONTINGENCY FOR THE TERM OF JANUARY 1, 2023 THROUGH DECEMBER 31, 2025 (3 YEARS).**
- **REQUEST FOR APPROVAL OF A NEW CONTRACT WITH MAXIM HEALTHCARE STAFFING SERVICES, INC. TO PERFORM FOR TEMPORARY AS-NEEDED RADIOLOGY REGISTRY SERVICES IN SUPPORT OF THE DEPARTMENT’S ONGOING OPERATIONAL AND EMERGENCY RESPONSE NEEDS IN THE SAN FRANCISCO HEALTH NETWORK, ZUCKERBERG SAN FRANCISCO GENERAL HOSPITAL & TRAUMA CENTER (ZSFG), LAGUNA HONDA HOSPITAL (LHH) AND OTHER SAN FRANCISCO HEALTH NETWORK FACILITIES, THE TOTAL PROPOSED CONTRACT AMOUNT IS \$5,000,000 WHICH INCLUDES A 12% CONTINGENCY FOR THE TERM OF JANUARY 1, 2023 THROUGH DECEMBER 31, 2025 (3 YEARS).**
- **REQUEST FOR APPROVAL OF A NEW PROFESSIONAL SERVICES AGREEMENT WITH NETSMART TECHNOLOGIES INC. TO PERFORM SPECIALIZED INFORMATION TECHNOLOGY PROFESSIONAL SERVICES FOR AVATAR ELECTRONIC HEALTH RECORDS SYSTEM, IN SUPPORT OF MENTAL HEALTH SAN FRANCISCO. THE TOTAL PROPOSED CONTRACT AMOUNT IS \$1,364,907 WHICH INCLUDES A 12% CONTINGENCY FOR THE TERM OF JANUARY 1, 2023 THROUGH DECEMBER 31, 2026 (3 YEARS).**

## **10) OTHER BUSINESS:**

### Public Comment:

Patrick Monette Shaw made verbal comments and submitted the following summary:

Other Business requires correcting today’s record. Responding to Commissioner Green’s question about hourly billing rates in HSAG’s new \$7.7 million contract, Commissioner Chung stated rates are high because services being provided are very specific and HSAG is the only West Coast consultant qualified to perform the tasks and help develop job descriptions. Commissioner Green sought clarification that HSAG is the organization CMS approved as the sole West Coast organization that can meet stipulations to develop very prescriptive job descriptions for every LHH leadership management position and recruit, interview, and hire candidates. This is utter nonsense, simply made-up-on-the-spot rationale to justify \$17.3 million in contracts awarded to HSAG. The *Purpose of the Contract* on the Contract Request Form only said HSAG would participate in interviewing and selecting candidates



for leadership positions, not that HSAG would write job descriptions. LHH should be able to write job descriptions without needing high priced consultants!

**11) JOINT CONFERENCE COMMITTEE AND OTHER COMMITTEE REPORTS**

There was no meeting of a Joint Conference Committee since the last full Health Commission meeting.

Public Comment:

Patrick Monette Shaw stated that he thought the LHH JCC did meet since the last full Health Commission meeting.

**12) ADJOURNMENT**

The meeting was adjourned at 5:59pm.

(Attachment)

**Health Commission  
City and County of San Francisco  
Resolution No. 22-26**

**RESOLUTION MAKING FINDINGS TO ALLOW TELECONFERENCED MEETINGS UNDER CALIFORNIA GOVERNMENT  
CODE SECTION 54953(e)**

WHEREAS, California Government Code Section 54953(e) empowers local policy bodies to convene by teleconferencing technology during a proclaimed state of emergency under the State Emergency Services Act so long as certain conditions are met; and

WHEREAS, In March, 2020, the Governor of the State of California proclaimed a state of emergency in California in connection with the Coronavirus Disease 2019 (“COVID-19”) pandemic, and that state of emergency remains in effect; and

WHEREAS, On February 25, 2020, the Mayor of the City and County of San Francisco (the “City”) declared a local emergency, and on March 6, 2020 the City’s Health Officer declared a local health emergency, and both those declarations also remain in effect; and

WHEREAS, On March 11 and March 23, 2020, the Mayor issued emergency orders suspending select provisions of local law, including sections of the City Charter, that restrict teleconferencing by members of policy bodies; and

WHEREAS, Consistent with the Mayor’s orders and State law, the Health Commission met remotely during the COVID-19 pandemic through March 6, 2022; and

WHEREAS, On February 10, 2022, the Mayor issued an emergency order that (1) requires decision-making boards and commissions established in the Charter (with the exception of the Board of Supervisors) to hold meetings in person at a physical location where members of the public may attend and provide comment, (2) allows members of those boards and commissions to participate remotely in the in-person meetings for COVID-related health reasons, (3) allows but does not require subcommittees of those boards and commissions to meet in person at a physical location where members of the public may attend and provide comment, and (4) prohibits all other policy bodies (with the exception of the Board of Supervisors and its committees) from meeting in person under any circumstances, with limited exceptions; and

WHEREAS, On September 16, 2021, the Governor signed AB 361, a bill that amended the Brown Act to allow local policy bodies to continue to meet by teleconferencing during a state of emergency without complying with restrictions in State law that would otherwise apply, provided that the policy bodies make certain findings at least once every 30 days; and

WHEREAS, While federal, State, and local health officials emphasize the critical importance of vaccination (including a booster once eligible) and consistent mask-wearing, regardless of vaccination status, to prevent the spread of COVID-19, the City’s Health Officer has issued at least one order (Health Officer Order No. C19-07y, available online at [www.sfdph.org/healthorders](http://www.sfdph.org/healthorders)) and one directive (Health Officer Directive No. 2020-33i, available online at [www.sfdph.org/directives](http://www.sfdph.org/directives)) that continue to recommend measures to promote safety for indoor gatherings, including vaccination, masking, improved ventilation, and other measures, in certain contexts; and

WHEREAS, The California Department of Industrial Relations Division of Occupational Safety and Health (“Cal/OSHA”) has promulgated Section 3205 of Title 8 of the California Code of Regulations, which requires most employers in California, including in the City, to train and instruct employees about measures that can decrease the spread of COVID-19; and

WHEREAS, Without limiting any requirements under applicable federal, state, or local pandemic-related rules, orders, or directives, the City’s Department of Public Health, in coordination with the City’s Health Officer, has advised that for group gatherings indoors, such as meetings of boards and commissions, people can increase safety and greatly reduce risks to the health and safety of attendees from COVID-19 by maximizing ventilation, wearing well-fitting masks regardless of vaccination status (and as strongly recommended for everyone by the State of California’s indoor masking order and Health Officer Order No. C19-07y), encouraging vaccination (including a booster as soon as eligible), staying home when sick or when experiencing any COVID-19 symptom, discouraging consumption of food or beverages in the meeting, following good hand hygiene practices, and making informed choices when gathering with people whose vaccination status is not known; and

WHEREAS, the Health Commission will begin meeting in person consistent with the Mayor’s February 10, 2022 order, allowing members to participate by video from a separate location for COVID-related health reasons and providing members of the public an opportunity to observe and provide public comment either in person or remotely; now, therefore, be it

RESOLVED, That the Health Commission finds as follows:

1. As described above, the State of California and the City remain in a state of emergency due to the COVID-19 pandemic. At this meeting, the Health Commission has considered the circumstances of the state of emergency.
2. As described above, because of the COVID-19 pandemic, conducting meetings of this body and its committees in person without allowing certain members of this body to attend remotely would present imminent risks to the health or safety of certain attendees due to COVID-19, and the state of emergency continues to directly impact the ability of those members to meet safely in person; and, be it

FURTHER RESOLVED, That for at least the next 30 days, the Health Commission will hold in-person meetings, with some members possibly appearing remotely. If all members of the Health Commission are unable to attend in person for COVID-related health reasons, then the Health Commission will hold the meeting remotely without providing an in-person meeting location. If the Health Commission votes to allow it and appropriate space is available, the Health Commission’s subcommittees may hold in-person meetings as well, or alternatively, the subcommittees may hold meetings exclusively by teleconferencing technology (and not by any in-person meetings or any other meetings with public access to the places where any policy body member is present for the meeting). All meetings of the Health Commission and its committees will provide an opportunity for members of the public to address the body and will otherwise occur in a manner that protects the statutory and constitutional rights of parties and the members of the public attending the meeting via teleconferencing; and, be it

FURTHER RESOLVED, That the Executive Secretary of the Health Commission is directed to place a resolution substantially similar to this resolution on the agenda of a future meeting of the Health Commission within the next 30 days. If the Health Commission does not meet within the next 30 days, the Executive Secretary is directed to place a such resolution on the agenda of the next meeting of Health Commission.

I hereby certify that the San Francisco Health Commission at its meeting on January 3, 2023, adopted the foregoing resolution

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Mark Morewitz, MSW  
Health Commission Executive Secretary